

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N16743**

1. Entity Name  
**VALLEY HILL FARMS HOMEOWNERS' ASSOCIATION,  
INC.**



Principal Place of Business  
**34940 VALLEY HILL LANE  
EUSTIS, FL 32736 US**

Mailing Address  
**34940 VALLEY HILL LANE  
EUSTIS, FL 32736 US**



04302007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**WITTY, GAYLE  
34940 VALLEY HILL LANE  
EUSTIS, FL 32736**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	COOK, BILL
STREET ADDRESS	34539 VALLEY HILL LANE
CITY - ST - ZIP	EUSTIS, FL 32736

TITLE	VD
NAME	PARLAPIANO, DON
STREET ADDRESS	34913 VALLEY HILL LANE
CITY - ST - ZIP	EUSTIS, FL 32736

TITLE	STD
NAME	WITTY, GAYLE
STREET ADDRESS	34940 VALLEY HILL LANE
CITY - ST - ZIP	EUSTIS, FL 32736

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000757769  
05/23/07-80086-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Gayle Witty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*GAYLE WITTY 4/30/07 352-357-9696*  
Date Daytime Phone #